

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>8.11.18</b>	<b>Agenda item</b>	<b>Bo.11.18.28</b>

## Premises Assurance Model (PAM)

<b>Presented by</b>	Sandra Shannon, Chief Operating Officer		
<b>Author</b>	Steve Blenkinsop, Deputy Director of Estates, Annette Binns, Assistant Director of Estates, Emma Rollinson, E&F Business Admin Manager		
<b>Lead Director</b>	Sandra Shannon, Chief Operating Officer		
<b>Purpose of the paper</b>	To advise the Board of Directors in relation to progress associated with delivery of the NHS Premises Assurance Model (PAM) at the Trust		
<b>Key control</b>	This paper is a key control for strategic objective to provide outstanding care for patients		
<b>Action required</b>	To note		
<b>Previously discussed at/informed by</b>	Estates & Facilities Compliance Risk Assurance Group (CRAG)		
<b>Previously approved at:</b>	<b>Committee/Group</b>	<b>Date</b>	
	Health and Safety Committee	8/6/2018	

### Key Options, Issues and Risks

The NHS Premises Assurance Model (PAM) is a self-assessment management tool developed by the Department of Health and designed to provide a nationally consistent approach to evaluating NHS premises performance against a set of national indicators. Use of this model provides assurance on Estates and Facilities matters, which can be communicated to commissioners, regulators, the public and other key stakeholders. The Director of NHS Estates & Facilities confirmed the requirement to adopt the PAM model from 1 April 2018 in his letter to all Directors of Estates on 15 March 2018. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulations 12, 15 and 17 require assurance systems to be in place, which also demonstrates to trust boards that the estate is safe, clean, properly maintained and suitable for the purposes for which they are being used. It was previously agreed during 2017 that a six-stage implementation plan would be adopted supporting delivery of this initiative.

### Analysis

The Trust has implemented the PAM identified the level of assurance achieved within each of the five domains and an overall compliance level. Areas of outstanding practice and improvement opportunities have been identified for each domain, associated actions are being managed through CRAG and on a bi-annual basis to the Health and Safety Committee. See Appendix 1 for the summary of the PAM completed during 2018.

### Recommendation

#### 5.0 Recommendation

The Board of Directors is asked to

- (i) Note completion of the implementation process.
- (ii) Note and support the status for each of the key domains.
- (iii) Note the continued adoption of the NHS PAM within the Trust.

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments		*
Quality implications		*
Resource implications	*	
Legal/regulatory implications		*
Diversity and Inclusion implications		*

Regulation, Legislation and Compliance relevance
<b>NHS Improvement:</b> Risk assessment framework, quality governance framework, code of governance , annual reporting manual
<b>Care Quality Commission Domain:</b> (Safe, caring, effective, responsive, well led drop down)
<b>Care Quality Commission Fundamental Standard:</b> Regulations 12, 15 and 17
<b>Other (please state):</b>

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
					Health and Safety